

The Muller Institute for Senior Health: Innovative Programs to Address Aging

“Older adults have unique needs. To prevent harm to older adults, improve health outcomes, and lower overall costs, health care systems must adopt evidence-based models and practices that deliver better care to our rapidly aging population across all settings, including the home and community” (John A Hartford Foundation, Age Friendly Health Systems care).

Abington Hospital Jefferson Health serves a community with one of the largest older adult populations in Pennsylvania, many of whom are vulnerable and need care and advocates across the health system. It is the mission of the Muller Institute for Senior Health to address the concerns unique to this group and to work with our healthcare colleagues to keep older adults safe and cared for in the hospital, and leading comfortable lives in the community. We do this through a variety of programs and services including the [Hospital Elder Life Program \(HELP\)](#), the [Geriatric Assessment Center \(GAC\)](#), the [Memory Fitness Center \(MFC\)](#), [ElderMed](#), [Caregiver’s Support Groups](#), [APPRISE](#) health insurance counseling, [Operation Reassurance](#), a [Caregiver’s Resource Room](#), dementia and caregiver related counseling, and the [Stop Abuse in Later Life \(SAILL\)](#) program.

The Muller Institute for Senior Health was created in 1999 with a very generous grant from C. John Muller, who wanted an ongoing sustainable program to represent his legacy at Abington Hospital. Two programs already in existence were ElderMed, a free wellness membership program for seniors providing seminars, social events, and insurance counseling with over 11,000 members; and the Geriatric Assessment Center, a comprehensive evaluation service staffed by a geriatrician or geriatric nurse practitioner and

a geriatric social worker. From these two very successful programs, and with the grant from Mr. Muller, we were able to add programs and services when we identified a patient or community need.

The first new program we implemented was the Hospital Elder Life Program (HELP). We were the 12th hospital, of what has become an international program, to sign onto this evidence-based, volunteer-driven inpatient initiative. HELP has been proven to reduce delirium in hospitalized older adults and is associated with reduced length of stay and rehospitalization. We have become a Center of Excellence and visit over 5,000 patients per year. We manage close to 100 volunteers a year, including many student interns, which make us an intergenerational training program as well. Many of our volunteers are students applying to medical school or schools of Allied Health; they welcome the hands-on experience they receive working with the older adult patients.

Recognizing the importance of caregivers, we opened a Caregiver’s Resource Room and offer two caregiver support groups monthly. In conjunction with the Pennsylvania Department of Aging’s APPRISE program, we have a counselor on site to help with myriad health insurance questions. We inherited the Operation Reassurance program from the County’s Aging and Adult Services, where older, community-dwelling adults call in daily so that our operators know they are safe and sound. The SAILL program is a continuation of the Hospital’s strong commitment to address domestic violence in our community, focusing on all types of abuse and neglect that older adults may experience, both in the home and in long-term care facilities.

The Memory Fitness Center (MFC) and

Geriatric Counseling service are our two newest programs. The MFC operates in two outpatient locations, up to five days per week. From 11:00am to 3:00pm, we provide a program designed to help sharpen the memory skills of adults who are showing signs of memory loss or have recently been diagnosed with dementia or mild cognitive impairment. The program includes physical exercise, brain games, socialization and lunch. It gives the participants a safe and comfortable space where getting the right answer or remembering all the facts are secondary to interacting with others outside their homes and families. Because it provides respite for caregivers, we believe it strengthens family relationships and delays the need for external placement. The Geriatric Counseling service is staffed by licensed clinical social workers responding to client stress related to memory loss as well as caregiving responsibilities. Referrals come from the GAC, neurology and geropsychiatry.

The recent changes in reimbursement and the emphasis on patient-centered care compel all healthcare entities to better address the needs of the patients and the communities where they reside. We need to constantly improve our professional communication and, with that, improve the quality of the transitions of care by patients across the healthcare continuum. At the Muller Institute, we have built strong relationships with our long-term care providers and are working closely with our own home care department. Together with the Palliative Care department we offer an annual advance care planning presentation for the community. We have been visited by delegations from New Jersey, Salt Lake City, Singapore, and North Carolina who are interested in seeing our programs. We have supervised hospitals that want to

CONTINUED ON PAGE 2

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strengthen their own programs and have presented at national and international conferences (including Hospital Elder Life Program and Nurses Improving Care for Healthsystem Elders).

Largely because of Mr. Muller's very generous gift, we have been able to sustain programs that many hospitals have had to abandon, while at the same time adding new ones. We see our role as advocates for older adults, both within the hospital and in the community we

serve. Health care has become a "high-tech, low-touch" industry; many older adults benefit from just the opposite, a "low-tech, high-touch" approach. We will be working closely with our Jefferson colleagues in the John A. Hartford Foundation Age-Friendly Health System Initiative which, in conjunction with the Institute for Healthcare Improvement (IHI) has a goal of developing an Age-Friendly Health System model and spreading the model to 20 percent of US hospitals and health systems by 2020. Our goal at the Muller Institute, as it has been

for almost twenty years, is to provide the very best programs and services to older adults in our community and now, with our merger with Jefferson Health, throughout the Enterprise.

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